National and State New Member Application

1. Have you ever been a SNA member?  □ Yes  □ No

2. First Name ___________________________ Last Name ___________________________

3. Email ___________________________ Job Title ___________________________


7. Work Phone ___________________________ Home Phone ___________________________

8. Work Mailing Address (Please indicate preferred mailing address  □ Work  □ Home)
   Address ________________________________________________________________
   City ___________________________ State ___________________________ Zip ___________________________

9. Home Mailing Address
   Address ________________________________________________________________
   City ___________________________ State ___________________________ Zip ___________________________

10. Who referred you to SNA?  First Name ___________________________ Last Name ___________________________

11. Membership Category (Check either individual membership or school district/state agency membership (SDM).  See back for description)

   National Dues
   Member Categories | Individual Membership | School District/State Agency Membership
   SN Employee | $40 | $40
   Student | $40 | N/A
   Retired | $40 | N/A
   SN Manager | $42 | $42
   District Director/Supv/Spec | $143 | $143
   Major City Director/Supv/Spec | $143 | $143
   State Agency Director and Staff | $143 | $143
   Nutrition Educator | $143 | $143
   Other | $143 | $143
   Affiliate Employee | $20 | N/A
   Affiliate Retired | $20 | N/A

12. Employed by?  □ Public School  □ Private Management Company
    □ Private School  □ CACFP

13. Does your employer pay your dues?  □ Yes  □ No

14. Are you responsible for school nutrition operations in your school district?  □ Yes  □ No

15. NATIONAL DUES $ ____________ + $ ____________ + $ ____________ = $ ____________

16. STATE DUES* $ ____________

17. PROCESSING FEE $ ____________ + $ ____________ + $ ____________ + $ ____________ + $ ____________ + $ ____________ = $ ____________

18. TOTAL DUES $ ____________

19. Tax-deductible contribution to SN Foundation
   $10 $25 $50 Other $ ____________

20. TOTAL PAYMENT $ ____________

21. For credit card payment, please visit www.schoolnutrition.org

Rev 08/22

For SDM multiple applicants, you may use a spreadsheet found at www.schoolnutrition.org/sdm.

See reverse side for important information.

Dues subject to change.

Return this form with your check or money order made payable to SNA.

Mail application to SNA Depository PO Box 719297, Philadelphia, PA 19171-9297
SNA National and State Membership Application Guidelines
Membership Application for Individual and School District Memberships.

Instructions for completing the front of this application:
1. Please indicate if you have ever been a SNA member.
2. Print your full name as you would like it to appear in your membership record and on your membership card.
3. Print your email address and job title. All SNA members automatically receive emailed information related to the organization.
4. Print your current school district.
5. Print your current school name.
6. If you know your local chapter number, please fill in.
7. Print you work and home phone number.
8. Print your work mailing address.
9. Print your home mailing address.
10. Print full name of member referrer who introduced you to SNA (only needed for new members). This will give the person credits for Star Club and annual membership campaign drives. Optional: Include referrer’s SNA member ID.
11. Please review the membership categories listed. Check one that best describes your position. School District/State Agency Membership (SDM) is a membership managed or coordinated by the school district/state agency and can be transferred to another individual in the same membership category. Please check with your district to see if you are eligible for SDM.
12. Please check if you are employed by public school, private school, or private management company.
13. Please indicate if your employer pays your dues.
14. Please indicate if you are responsible for school nutrition operations in your school district.
15. Record your national dues based on membership category checked.
16. Record your state dues based on the dues listed on left side of application under “Your state dues are:”
17. All applications must include the processing fee.
18. Please add national, state dues and processing fee amounts. This is the total dues amount to be paid. Applications with incorrect total amount will be returned resulting in a delay of member benefits.
19. Record your optional contribution to the School Nutrition Foundation. The School Nutrition Foundation is a 501(c)(3) organization and donations are tax deductible. Your contribution of $10 or more will be acknowledged by the School Nutrition Foundation.
20. Add national dues, state dues, processing fee and any optional contributions. This is the total payment.
21. If paying by credit card, please visit www.schoolnutrition.org.
22. This box must be completed for SDM applicants.
23. Please sign and date your completed application. Required for individual membership only. Mail your application and payment to SNA, SNA Depository PO Box 719297, Philadelphia, PA 19171-9297

Membership dues cover a full year of member benefits. Processing of application takes approximately two to four weeks from receipt of payment. Once application is processed, new members will be able to access and print their membership card by logging in at www.schoolnutrition.org.

<table>
<thead>
<tr>
<th>Dues Category</th>
<th>Membership Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNE</td>
<td>School Nutrition Employee</td>
</tr>
<tr>
<td>STU</td>
<td>Student</td>
</tr>
<tr>
<td>RET</td>
<td>Retired</td>
</tr>
<tr>
<td>SNM</td>
<td>School Nutrition Manager</td>
</tr>
<tr>
<td>DDS</td>
<td>School Nutrition Director, Supervisors, Specialist, Executive Chefs</td>
</tr>
<tr>
<td>MCD</td>
<td>School Nutrition Director, Supervisor, Specialist (Major City)</td>
</tr>
<tr>
<td>SDS</td>
<td>State Agency Director, Supervisor, Specialist</td>
</tr>
<tr>
<td>EDU</td>
<td>School Nutrition Educator</td>
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<tr>
<td>OTH</td>
<td>Other</td>
</tr>
<tr>
<td>AFE</td>
<td>Affiliate Part-Time Staff (less than 4 hours daily)</td>
</tr>
<tr>
<td>AFR</td>
<td>Affiliate Retired</td>
</tr>
</tbody>
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School Nutrition Association * 2900 S Quincy Street, Suite 700 * Arlington, VA 22206
Phone: 800-877-8822 * Web site: www.schoolnutrition.org * E-mail: membership@schoolnutrition.org

Note: Contributions or gifts to SNA are not deductible as charitable contributions for federal income tax purposes. Contributions to the Foundation are deductible for IRS purposes. $2.00 of your national dues is used for your subscription to the SN magazine.